PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.			Complete if Known           Application Number         09/659599						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				7 (ppilodiloli 1 tarribo)			September 11, 2000		
FEE TRANSMITTAL						Glenn H. McG			
For FY 2005				1 11 01 1 10 11 10 11 11 11 11 11			J. L. Epps-Ford		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1633					
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00			A FLAV BOA			6			
TOTAL AND DITTOTAL (4) 1,020.00 Auditory booker to.									
METHOD OF PAYME	NT (check all th	at apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION						. <del></del>			
1. BASIC FILING, SEARC	•			A DOLL EEEO		LATION EEEC			
		S FEES Small Entity	SE.	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$		Fee (\$)	Fee (\$)	Fees I	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description Each claim over 20 (inclu	ding Paicenes)						Fee (\$) 50	<u>Fee (\$)</u> 25	
		g Reissues)					200	100	
Each independent claim over 3 (including Reissues)  Multiple dependent claims						360	180		
				Paid (\$)	<u>M</u>	ultiple Depende	nt Claims	:	
-20 = x = =					<u>F</u>	ee (\$) <u>F</u>	Fee Paid (	ស	
Indep. Claims Extra Claims Fee (\$) Fee Pair				Paid (\$)		<u></u>		_	
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3. APPLICATION SIZE FE		d 100 abasta	of manan	(avaluding alastr	onically f	ilad caquanca or	computer		
If the specification and d listings under 37 CFF	R 1.52(e)), the a	pplication si	ze fee dı	ie is \$250 (\$125 f	onically in	ntity) for each a	dditional 5	0	
sheets or fraction ther				3 / CFR 1.10(s). additional 50 or frac	dian thans	of Fee (\$)	Foo	Paid (\$)	
<u>Total Sheets</u> - 100 =	Extra Sheets	/50	or each a	(round up to a who			<u>- 100</u>	<u>- u.u., y.</u>	
4. OTHER FEE(S)				. (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Fees	Paid (\$)	
Non-English Specification \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,02							)20.00 )0.00		
		OT Notice o	appea					70.00	
SUBMITTED BY				Registration No.	52,883	Telephone	(617) 95	1-7633	
Name (Print/Type) Uesse A. Fecker, Ph.D.			(Attorney/Agent)	02,000		April 28, 2006			
Name (Print/Type) Vesse A	recker, Ph.L	J.				Date	April 20	, 2000	

I hereby certify that this correspondence is be an envelope addressed to: MS AF, Commiss	ioner for Patents, P.O. Box 1450, A	Service with sufficient postage as First Class Mail, in Alexandria, VA 22313-1450, on the date shown below.
11/20/100	gnature: Jalo ()	(Valerie J. Sarosky)